Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Province:

Prefix: * First Name: Middle Name: * Last Name: Dr. Vincent Chan Position/Title: | Principal Investigator * Organization Name: General Atomics

Department: Energy Division: Theory & Computational Science

* Street1: 3550 General Atomics Court Street2:

* City: San Diego County: * State: | CA: Califori

* Country: JNITED ST * Phone Number: 858-455-4162 Fax Number: * Email: |vincent.chan@gat.com

* ZIP / Postal Code: 92121-1122

Suffix:

* Signature of Authorized Representative

Completed on submission to Grants.gov

21. Attach an additional list of Project Congressional Districts if needed

Add Artecianiens

20. Pre-application

districts.pdf

* Date Signed

Completed on submission to Grants.gov

Defete Missohment

Add Attachment

12-16-2008

3 /3___

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 16. ESTIMATED PROJECT FUNDING 17. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. YES 📝 THIS PREAPPLICATION/APPLICATION WAS MADE a. * Total Estimated Project Funding 304,993.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. * Total Federal & Non-Federal Funds | 304,993.00 DATE: 12/16/2008 c. * Estimated Program Income 0.00 PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Prefix: * First Name: Middle Name: * Last Name: Suffix: Ms. Ramona Gompper * Position/Title: Sr. Contract Administrator * Organization: **General Atomics** Department: Contracts and Purchasing Division: * Street1: 3550 General Atomics Court Street2: * City: San Diego * State: CA: Califon County: JNITED ST * ZIP / Postal Code: 92121-1122 Province: * Country: * Phone Number: 858-455-3057 * Email: ramona.gompper@gat.com Fax Number:

Delete Attachment View Attachment

OMB Number: 4040-0001

Young Altachment

County:

Fax Number:

* Country: JNITED ST

* City: San Diego

* Phone Number: 858-455-3387

Province:

OMB Number: 4040-0001

* State: CA: Califon

* Email: david.schissel@gat.com

* ZIP / Postal Code: 92121-1122

20. Pre-application

districts.pdf

21. Attach an additional list of Project Congressional Districts if needed.

Add Adagament

G.A.

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 16. ESTIMATED PROJECT FUNDING 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. YES 🗸 THIS PREAPPLICATION/APPLICATION WAS MADE a. * Total Estimated Project Funding 239,786,00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. * Total Federal & Non-Federal Funds 239,788.00 DATE: 12/16/2008 c. * Estimated Program Income 0.00 PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ 'lagree * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Prefix: * First Name: Middle Name: * Last Name: Suffix: Ms. Ramona Gompper * Position/Title: Sr. Contract Administrator * Organization: **General Atomics** Department: Contracts and Purchasing Division: * Street1: 3550 General Atomics Court Street2: * State: CA: Californ * City: San Diego County: JNITED ST Province: * Country: * ZIP / Postal Code: 92121-1122 * Phone Number: 858-455-3057 Fax Number: * Email: ramona.gompper@gat.com * Signature of Authorized Representative * Date Signed Completed on submission to Grants.gov Completed on submission to Grants.gov

Celete Attachment View Attachme

OMB Number: 4040-0001

View Altachment

Celete Astachment

| . APPLICATION FO | | | 2. DATE SUBM! | Applicant Identifier |
|---|----------------------------------|--|--|---|
| FEDERAL ASSIST | ANCE | | 12-12-08 | |
| 1. TYPE OF SUBMISSIC Application | N | Preapplication | 3. DATE RECEIVED BY STATE | State Application Identifier |
| ☐ Construction ✓ Non-Construction | | ☐ Construction ☐ Non-Construction | 4. DATÉ RECEIVED BY FEDERAL AGENCY | Federal Identifier A 009094-08-1 |
| 5. APPLICANT INFORM | MOTTAL | | | |
| Legal Name: SOUTH COAST A | IR QUALITY MANA | GEMENT DISTRICT | Organizational Unit: | |
| Address (give city, county, 21865 COPLEY DIAMOND BAR, | DRIVE | | Name and telephone number of the person to be conapplication (give area code) Mary Leonard (909) 396-2780 | tacted on matters involving this |
| 6. EMPLOYER IDENTIFIED 953099419 Organizational DUNS | S: 025986159 | DEC 1 7 2008 ATE CLEARING HOUSE | B. County I. State Contr C. Municipal J. Private Un D. Township K. Indian Tri E. Interstate L. Individual F. Intermunicipal M. Profit Org | ent School District colled Institution of Higher Learning iversity be |
| 8. TYPE OF APPLICATION | | THE SECTION OF THE SE | 9. NAME OF FEDERAL AGENCY: | |
| ☐ New \ Co. If Revision, enter appropriate A. Increase Aw C. Increase Du Other Specify: Carryov | ration D. Decrease Duration | n· | U.S. Environmental Protection Agency | |
| 10. CATALOG OF FEDER | | | 14 PEGET TO THE E OF A PER ICA A TEXA PROPERTY. | TICE. |
| | CE NUMBER: <u>66.001</u> | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PRO | JECI: |
| | ollution Control Prog | ram Support | FY 09 Air Pollution Control Program Supp | ort |
| 12, AREAS AFFECTED B | Y PROJECT (cities, counties, st | ates, etc.); | , | |
| Orange, and the and and Riverside Coun | d non-desert areas of S ties' | San Bernardino, Los Angeles, | | |
| 13. PROPOSED PROJECT: | A-B- | 14. CONGRESSIONAL DISTRICT OF: | | |
| Start Date | End Date 09/30/09 | a. Applicant: | | b. Project |
| 15. Estimated Funding: | . , | | 16. IS APPLICATION SUBJECT TO REVIOUR ORDER 12372 PROCESS? a. VES. THIS PREAPPLICATION/APPL AVAILABLE TO THE STATE EXECUPROCESSES FOR REVIEW ON: DATE 12-17-08 b. NO. DROGRAM IS NOT COVERED BY DOR PROGRAM HAS NOT BEEN S REVIEW | ICATION WAS MADE TIVE ORDER 12372 E.O. 12372 |
| a. Federal | | 403,345 | | |
| b. Applicant | | 0 | | 16 |
| c. State | | . 0 | | |
| d. Local | : | | | |
| e. Other | | <u> </u> | 17. IS THE APPLICANT DELINQUENT ON ANY | FEDERAL DEBT? √ No |
| f. Program Income | | | Yes If "Yes" attach an explanation. | 1 1/0 |
| E. TOTAL | | 403,345 | | <u> </u> |
| 18. TO THE BEST OF MY KN GOVERNING BODY OF T a. Typed Name of Authorized | THE APPLICANT AND THE APPL | ATA IN THIS APPLICATION PREAPPLICATION ICANT WILL COMPLY WITH THE ATTACHED | N ARE TRUE AND CORRECT, THE DOCUMENT HAS BE ASSURANCES IF THE ASSISTANCE IS AWARDED. b. Title: | |
| Barry R. Wallerstein d. Signatur of Authorized Re vious Edvions Not Usable | n, D.Env. | llty term | Executive Officer | c. Telephone Number (909) 396-2100 e. Date Signed 2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 |

| If Revision, mark appropriate box(es). | 9. * NAME OF FEDERAL AGENCY: |
|--|---|
| A. Increase Award 🔠 B. Decrease Award 📜 C. Increase Duration | Chicago Service Center |
| D. Decrease Duration . 5. Other (specify) | 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: |
| • Is this application being submitted to other agencies? Yes No | 81.049 |
| What other Agencies? | TITLE: Office of Science Financial Assistance Program |
| 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | |
| Intellectual property and U.S. public investments in research on biofuel to | achnologies |
| 12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Yolo County | |
| 13. PROPOSED PROJECT: | 14. CONGRESSIONAL DISTRICTS OF: |
| * Start Date * Ending Date | a. * Applicant b. * Project |
| 09/01/2009 | CA-001 CA-001 |
| 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INF Prefix: * First Name: Middle Name: | ORMATION * Last Name: Suffix; |
| Dr. Alan B | Bennett |
| Position/Title: Executive Director * Organization | on Name: Regents of the University of California |
| Department: Plant Sciences Division: | PIPRA |
| * Street1: One Shields Avenue Street2: | PRB Mail Stop 5 |
| * Clty: Davis County: | * State: CA: Califori |
| Province: Country: JNIT | ED ST ZIP / Postal Code: 95616 |
| Phane Number: 530-752-1411 Fax Number: 530- | -752-2276 • Email; abbennett@ucdavls.edu |
| | OMB Number: 4040-0 |

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

| 16. ESTIMATED PROJECT FUNDING | | 17. | ORDER 12372 PRO | | REVIEW BY STA | TE EXECUTIVE |
|---|---|--|--|--------------------------------|--|------------------------------|
| a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funda c. * Estimated Program Income | 48,117.00 46,117.00 0.00 | ים | a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 12/17/2008 b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | | |
| 18. By signing this application, I cert true, complete and accurate to the resulting terms if I accept an away criminal, civil, or administrative if I agree "The list of certifications and assurances, | the best of my know ard. I am aware tha penalties. (U.S. Co | wiedge. I also pr at any faise, fictit ode, Title 18, Sect | rovide the required a tious, or fraudulent : tion 1001) | aaaurances''. statements or | and agree to col claima may sub | mply with any oject me to |
| 19. Authorized Representative | | | | | | |
| Prefix: *First Name: | Mic | ddle Name: | | * Last Name: | | Suffix; |
| Marle | | | | Rosei | , Par (1) | |
| * Position/Title: Contract and Grant Ar | nalyst | * Organization; | Regents of the Unive | ersity of Californ | nia | |
| Department: Office of Sponsored Pr | rograms | Division: | Office of Research | | | |
| * Street1: 1850 Research Park D | rive | Streel2; | Sulte 300 | | THE STREET, ST | |
| · City: Davis | County | y: Yalo | | * State: | : CA: Califori | |
| Province: | - Cc | ountry: JNITED S | S7 ZIP / Postal C | Code: 95618 | <u>'—</u> | |
| Phone Number: 530-754-7700 | Fax No | umber: 530-754- | 8367 | Email: [n | ntrossi@ucdavls. | edu |
| * Signature of Author Completed on submis | • | ' 0 | Co | | te Signed bmission to Grant | ts.gov |
| 20. Pre-application | | | | | Dolete Atholiu | nont View Admidication |
| 21. Attach an additional list of Proje | ct Congressional C |)istricte if needer | d, | | | - |
| | | Delate Alle | ediment View Attach | r You of | | |

OMB Number: 4040-0001 Expiration Date: 04/30/2008

PAGE 02/06 OMB Number: 4040-0004 Expiration Date: 01/31/2009

| Application for Federal Ass | istance SF-424 | | Version 02 |
|--------------------------------------|---------------------------------------|--|--|
| " 1. Type of Submission: | * 2. Type of Application: | If Revision, select appropriate letter(s | 3): |
| Preapplication | ▼ New | | |
| Application | ☐ Continuation | * Other (Specify) | |
| Changed/Corrected Application | Revision | | BECEIVED |
| • 3, Date Received: | 4. Applicant Identifier: | | DEC 1 8 2008 |
| | | | 8 2000 |
| 5a, Federal Entity Identifier: | | * 5b. Federal Award Identifier: | STATE CLEARING HOUSE |
| | | | And the second s |
| State Use Only: | | | |
| 6. Date Received by State: | 7. State Applicatio | n Identifier: | |
| 8. APPLICANT INFORMATION: | , | | |
| a. Legal Name: Cal State | L.A. University | Auxiliary Services, In | c |
| b. Employer/Taxpayer Identification | Number (EIN/TIN): | * c. Organizational DUNS: | |
| 954016653 | | 066697590 | |
| d. Address: | b. Constituting | | |
| - Street1: 5151 Stat | e University Dri | ve, GE 314 | |
| Street2: | All III | | |
| * City: Los Angel | eş | U. 115 | |
| County: | · · · · · · · · · · · · · · · · · · · | | |
| *State; Californi | a | | |
| Province: | | | |
| Country: United St | ates | 110 | |
| * Zip / Postal Code: 90032 | | The contract of | |
| e. Organizational Unit: | | | |
| Department Name: | | Division Name: | |
| | | | |
| f. Name and contact information of p | person to be contacted on | matters involving this application: | |
| Prefix: Mrs. | * First Name | А1та | |
| Middle Name: P. | | | |
| *Last Name: Sahagun | | | |
| Suffix: | | | |
| Title: Director of Conti | racts & Grants Ad | lministration | |
| Organizational Affiliation: | | 2011 | |
| Cal State L.A. Univer | rsity Auxiliary S | ervices, Inc. | |
| Telephone Number: 323 343- | -3648 | Fax Number: 323 3 | 43-6430 |
| Emall: asahag@cslanet. | calstatela.edu | | |

OMB Number: 4040-0004 Expiration Date: 01/31/2009

| Application for Federal Assistance SF-424 | Version 02 |
|--|------------|
| 9. Type of Applicant 1: Select Applicant Type: | |
| S. Hispanic-serving Institution | |
| Type of Applicant 2: Select Applicant Type; | |
| | |
| Type of Applicant 3; Select Applicant Type: | |
| | |
| Other (specify): | |
| | |
| * 10. Name of Federal Agency: | |
| National Telecommunications and Information Administration, Dept. of Com | merce |
| 11. Catalog of Federal Domestic Assistance Number: | |
| 11.550 | |
| CFDA Title; | |
| Public Telecommunications Facilities Program | |
| | |
| * 12. Funding Opportunity Number: | |
| | |
| * Title: | |
| Public Telecommunications Facilities Program (PTFP) | |
| | |
| | |
| 13. Competition Identification Number: | |
| | |
| Title | |
| | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc): | |
| Los Angeles, California | |
| | |
| | |
| 15. Descriptive Title of Applicant's Project: | |
| | |
| Planning Project | |
| | |
| Attach supporting documents as specified in agency instructions. | , |
| ······································ | |
| | |

ORSP

OMB Number: 4040-0004 Expiration Date: 01/31/2009

| Application f | or Federal Assista | псе SF-424 | | | Version 02 |
|---|---|---|---|--|-------------------|
| 16. Congression | al Districts Of: | | | Name of the second seco | |
| * a. Applicant | 32 | | * b. Prog | gram/Project 32 | |
| Attach an addition | nal list of Program/Projec | Congressional Districts i | needed. | | |
| | | | | | |
| 17. Proposed Pr | oject: | | | | |
| a. Start Date: | 9/01/09 | _ | • | b. End Date: 08/31/ | 10 |
| 18. Estimated Fu | inding (\$): | | | | |
| * a. Federal | \$ 96,100 | | | | |
| b. Applicant | \$ 24,025 | | | | |
| c. State | \$ 0 | · · · · · · · · · · · · · · · · · · · | | | |
| * d. Local | \$ 0 | | | | |
| * e. Other | \$ O | | | | |
| • f. Program Incom | ne \$ 0 | 11.16.0 11.1. 1.10110 | | | |
| g, TOTAL | \$120.125 | | | | · |
| * 19. Is Application | on Subject to Review By | y State Under Executive | Order 12372 Process? | | |
| * * | • | o the State under the Exe | | ess for review on | |
| | | has not been selected by | | | |
| ' | of covered by E.O. 1237 | | | | |
| | | Federal Debt? (If "Yes" | Provide explanation) | | |
| | XI No | reacial basic (iii 100 | provide axplanationly | | |
| herin are true, co comply with any : | mplete and accurate to resulting terms if I acce | (1) to the statements co the best of my knowled pt an award. I am aware inistrative penalties. (U. | ge. I also provide the re that thy false, fictitious | equired assurances** a s, or fraudulent stateme | nd agre ⊢to |
| AGREE | | | | | |
| ** The list of certific specific instruction | | or an internet site where y | ou may obtain this list, is | contained in the annou | ncement or agency |
| Authorized Repre | sentative: | | | | |
| | frs. | * First Name: | Alma | | |
| | 2, | Thousand. | TIZMEL | | |
| == | Sahagun | | | | |
| Suffix: | Janagun | <u> </u> | | | |
| | tor of Contrac | ts & Grants Ad | min1strat1on | | |
| Telephone Numb | er: 323 343-36 | 548 | Fax Number; | 323 343-6430 |) |
| Email: asal | nag@cslanet.cal | statela.edu | | | |
| | orized Representative: | () Jal | Date Signe | ed: 12/17/ | 08 |
| | | | /) | ~- | |

Authorized for Local Reproduction

Standard F. rm 424 (Revised 10/2005) Prescril ed by OMB Circular A-102 APPLICATION FOR PTFP FUNDS

Public Telecommunications Faci. Les Program

NTIA/Department of Commerce/Washington DC 20230

OMB Approval 0660-0003

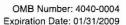
| PROJECT INFORMATION 22, App | licant Name <u>Cal</u> Sta | ate L.A. Univ | <u>ersity Aux</u> iliary | Servic | es, Inc. |
|--|--------------------------------------|--|---------------------------------------|---|--------------------------------|
| 23a. Enter "Y" If 23b. Old File # | | A Radio MHz | TV Channel | | |
| 25. Yes X No Have you previously | received a PTFP gran(? If | Yes, enter a grant nur | nber here | - ·· | |
| 26. Enter letter(s) to classify project | | | | | |
| (P) lanning or (R)adlo or (C) onstruction P or (RT) for | (T)V (B)roe both <u>RT</u> or (BN | dosst or (N)onbroadca I) for both | under wh | I riorily of Ce (h you reque r be reviewed | itegory SA est the SA d. |
| 28. For NEW BROADCAST station, repeater, of persons that the project will benefit. | or translator applications, e | enter the number 29. | • • | | |
| Population currently without a signal that | | ٦ | Name Jon Beaupr | | |
| will receive its first signal from the proposed facility | | | Phone 323 343-42 | | <u>sa.co.</u> |
| Population currently receiving a signal from another public station that will also receive a signal from the proposed facility | | _ | Email address jbeau | | ange.calstatel |
| | | _ | | | |
| 30. Summary of the application (Summarize th | purposes of the applicati | on in a few sentences. |): | | |
| see an attachment | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 31. Enter Y if New FCC Authorizations and/or N | lew Sites are required for | the project (Cor | riplete the following table or | continue on a | another page). |
| Proposed Community of Ilcense | Channel # FCC | File# | Site Name | Owned | Leased |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | + | |
| | | | | | |
| | | | | | |
| | | | | | |
| 32. X Yes No Have you applied to, i | ntend to apply to, or receives | ed funds from another | Federal program or CPB fo | · this project | |
| 3.213.463 \$10,000.7 | , | 3 | | , 5 | |
| 33. Is the station CPB qualified? (Enter Y or N) | N | lf applicant Is NOT currently CPB qualifled enter "Y" If qualification | Date of expecte | I qualification | 1 |
| (CPB qualification is NOT a requirement to | | enter "Y" if qualification is expected. | | | |
| | | | | | |
| List all public radio, TV stations or ITFS faci type signal to the proposed service area (1) | | | THIS YEAR | | IF PROJECT IDED |
| City | Call Letters | , | Number Hrs./Wk | Number | Hrs./Wk |
| Pasadena | KPCC 89.3FM | Full-Time Staff | 3 40+ | 3 | 40 |
| City | Call Letters | Pert-Time Staff | | 18-20 | 20 |
| Santa Monica | KCRW 89.9FM | Volunteers | | | |
| | | Operating Budget | | | |
| San Bernandino | KVCR 91.9FM | Abtituid nonfict | | | |

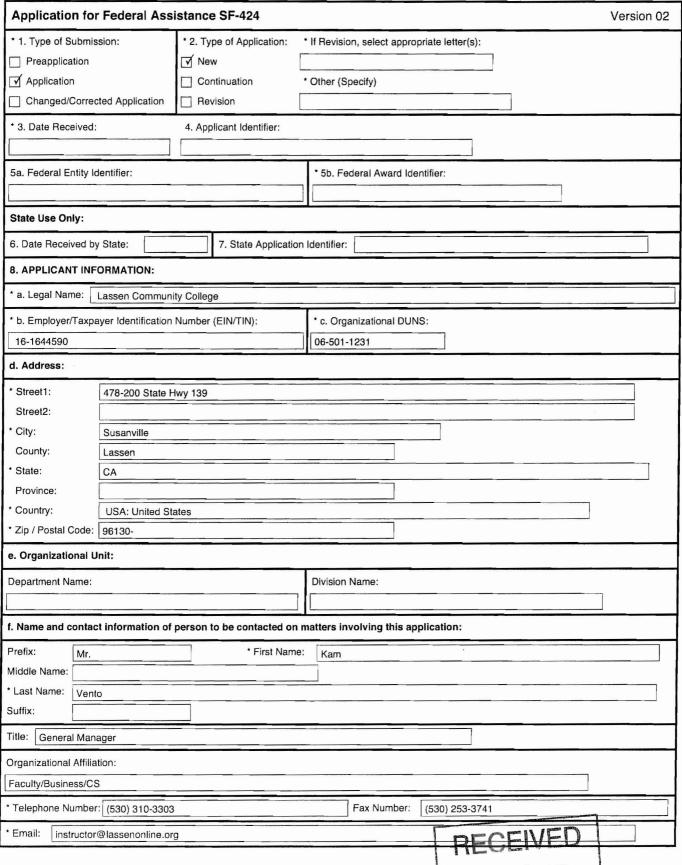
Section 30

We seek to expand our news gathering operation by setting up 'micro bureaus' in local public interest locations (Police departments, schools, community centers, libraries, etc.), and to distribute content that fall into both 'education' and 'news' categories. We hope o do stories on such issues as applying for a driver's license, registering to vote, applying for foo i stamps, etc. Political programming would help identify candidates and issues, but would rem in resolutely non partisan. In addition to publishing this material on our web system we would promote the airing of this material on existing infrastructure, such as local cable operations, pt blic access TV, neighborhood papers, non-commercial radio, even on commercial radio and TV.

Section 32

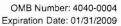
Yes, we intend to apply for funds from CPB or other Federal programs, but have not done so as of the date.

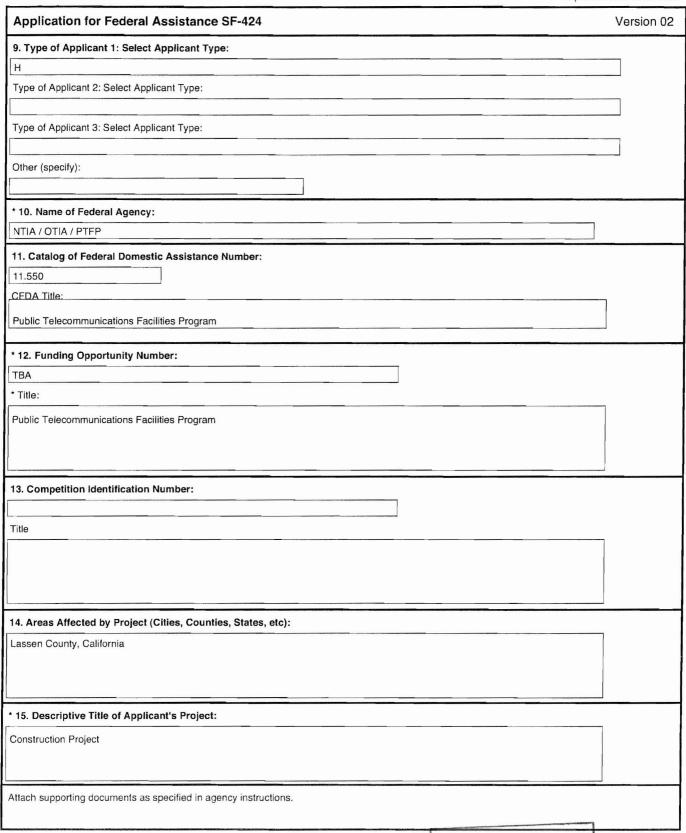




DEC 1 8 2008

STATE CLEARING HOUSE

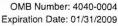


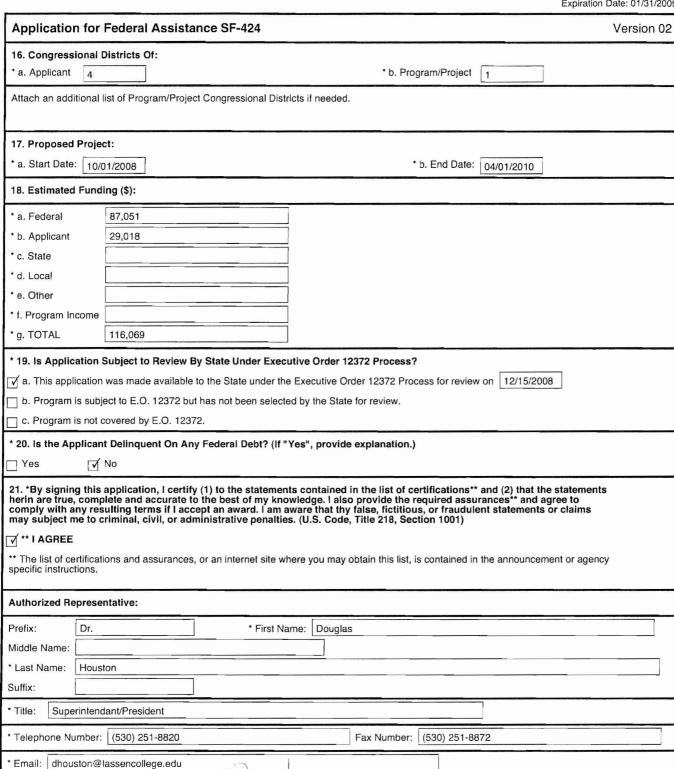


RECEIVED

DEC 1 8 2008

STATE CLEARING HOUSE





Authorized for Local Reproduction

* Signature of Authorized Representative;

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

RECEIVED

12/15/02

* Date Signed:

DEC 1 8 2008

STATE CLEARING HOUSE

APPLICATION FOR PTFP FUNDS PAGE PTFP-2

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

OMB Approval 0660-0003

| PROJECT INFORMATION 22. Appl | icant Name <u>Lasser</u> | Community (| College | l | | | |
|---|-------------------------------|---|--------------------------|-----------------|---|---|-------------------|
| 23a. Enter "Y" if 23b. Old Reactivation N File # | 24. Main Station Call Letters | KJLC FM | 90.9 | | | _ | |
| | | Radio | MHz | TV | Channe | ļ | |
| 25Yes/_No Have you previously r | eceived a PTFP grant | ? If Yes, enter a g | grant nun | nber here | | | |
| 26. Enter letter(s) to classify project | | | | | | | |
| (P) lanning or (R) adio or (C) onstruction C or (RT) for b | T)V (B) ooth R or | roadcast or (N)or (BN) for both | | st <u>B</u> | 27. Enter the lunder which application | Priority of Cate th you reques to be reviewed | egory t the 1A |
| 28. For NEW BROADCAST station, repeater, o | r translator application | is, enter the numb | oer 29. | Engineering (| Contact | | |
| of persons that the project will benefit. | _ | | | Name | Todd Uri | ck | |
| Population currently without a signal that will receive its first signal from the proposed facility | | | | Title | _Technica | l Consultan | t |
| Population currently receiving a signal from | 35,369 | | | Phone | (530) 792 | 2-0763 | |
| another public station that will also receive a signal from the proposed facility | 0 | | | Email addres | s TODD@0 | COMMONE | REQUENCY.OR |
| Lassen Community College is seek an under-served rural area. 31. Enter Y if New FCC Authorizations and/or N Proposed Community of license | ew Sites are required | | | | ne following ta | | Leased |
| 32Yes ✓ No Have you applied to, ir or a related project? If 33. Is the station CPB qualified? (Enter Y or N) | Yes, please provide ir | nformation regard If applicant is currently CPB | ing the of NOT aualified | ther funds as a | ram or CPB fo an attachment ite of expected | to this page. | |
| (CPB qualification is NOT a requirement to r 34. List all public radio, TV stations or ITFS facili | , | is expected. | | n | | NEXT YEAR | F PBOJECT |
| type signal to the proposed service area (1N | V for FM, Grade B for | | erations | THIS | YEAR | FUNI | DED |
| City | Call Letters | | | Number | Hrs./Wk | Number | Hrs./Wk |
| City | Call Letters | Full-Ti | me Staff | 0 | 0 | 0 | 0 |
| | | Part-Ti | me Staff | 0 | 0 | 5 | 10 |
| City | Call-Letters | Vo | lunteers | 2, | 5 | 30 | 8 |
| | LRECEI | / Eleberating | Budget | | 0 | | 10,200 |
| | DEC 18 | 2003 | | | | | |

STATE JELLANING K LOC

| 12/18/2008 13:05 3233436430 | | ORSP | | PAGE | 02/03 |
|--|-----------------------|--|---|--|--|
| APPLICATION FOR FEDERAL ASSURANCE | 2. DATE SUB | MITTED | Applicant identi | ler | |
| SF 424 (R&R) | 3, DATE REC | EIVED BY STATE | State Application | ı identifier | |
| 1. * TYPE OF SUBMISSION | | | | allignes and the interest of the party of the state of th | A PARTIE AND A PAR |
| Pre-application | 4. Federal Ide | ************************************** | | RECEIV | /ED |
| Changed/Corrected Application | DE-FG02-02E | R45981 Renewal | | | |
| 5. APPLICANT INFORMATION | | * Organization | al DUNS: 066697590 | - 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | 2008 |
| * Legel Name: Cal State L.A. University Auxillary Ser | vices, Inc. | V15 | and built. | STATE CLEARIN | G HOUSE |
| Department: | Division: | | | Two out Car house | Province record press from the landster |
| * Street1: 5151 State University Drive, GE 314 | Street2: | # 43 - (1) - (2) - (2) - (2) - (3) - | | | |
| and Make I dee | ounty: | | * State: CA; California | 1 | |
| Province; | * Country: JNITI | ED S1 ZIP / Postal Code: | F | 1 | |
| Person to be contacted on matters involving this application | atlon | | | | |
| Prefix: * First Name: | Middle Name: | | Last Name: | Suffi | ix: |
| Mrs. Alma | P. | | Sahagun | | 10.01 |
| * Phone Number: 323-343-3648 F | ax Number: 323 | 3-343-6430 | Email: asahag@csi. | net.calstatela.edu | |
| 6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): | | 7. " TYPE OF APPLICAN" | r. | | |
| 954016653 | | 7. TIPE OF APPLICAN | S: Hispanic-serving Ins | lution | |
| | | Other (Specify): | Or Hopanie 44 | | - |
| 8. * TYPE OF APPLICATION: New | | | small Business Organizat | on Type | |
| Resubmission Renewel Continuation | Revision | ☐ Women Owned | | nd Economically Disac | ivantaged |
| If Revision, mark appropriate box(es). | | 9. * NAME OF FEDERAL | AGENCY: | | |
| A, Increвве Award 🏻 🗋 В. Decrease Award 🔻 С. In | creвве Duration | Chicago Service Center | | | |
| D. Decrease Duration E. Other (specify) | | 10. CATALOG OF FEDER | AL DOMESTIC ASSIST | NCE NUMBER: | |
| • Is this application being submitted to other agencies? | Yes No√ | B1.049 | *************************************** | | |
| What other Agencies? | | TITLE; Office of Science | Financial Assistance Pr | gram | |
| 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT | CT: | | | | |
| Numerical Studies of Collective Phenomena in 2-Dimer | nsional Electron a | nd Cold Alom Systems | | | |
| 12. * AREAS AFFECTED BY PROJECT (cities, countil | es, states, etc.) | | | | |
| None | TOTAL STATE OF STREET | | | | |
| 13. PROPOSED PROJECT: | | 14. CONGRESSIONAL DIS | STRICTS OF: | ***** | |
| * Start Date * Ending Date | | a. * Applicant | b. * Proje | ıt | |
| 05/15/2009 05/14/2012 | | 32 | 32 | to see | |
| 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO | - W. | | 6. // | | |
| Preflx: * First Name: Dr. Edward | Middle Name: | | Last Name: ezayí | Suffix | <u></u> |
| | - O | | | 4. 40 (- | |
| Position/Title: Feculty | * Organizatio | n Name: California State L | Iniversity, Los Angeles | 7 | |
| Department: Physics and Astronomy | Division: | 141 | 40 | _ | 3 9 |
| * Street1: 5151 State University Drive | Street2: | | | | |
| * City: Los Angeles Cor | unty: | 4/14/17 | * State: CA: Celifo | 1 | |
| | - Country: JNITE | ED ST * ZIP / Postal Cod | de: 90032 | | <u> </u> |
| • Phone Number: 323-343-2130 Fe | ax Number: | IP J | • Email: erezayl@ca | statela.edu | |

OMB Number: 4040-0001

Completed on submission to Grants.gov

21. Attach an additional list of Project Congressional Districts if needed.

20. Pre-application

| SF 424 (R&R) AF | PLIC ON FOR FEDERAL | ASSISTANCE | Page 2 |
|--|---|--|---------------------|
| 16. ESTIMATED PROJECT FUND | DING | 17. " IS APPLICATION SUBJECT TO REVIEW BY STATE E ORDER 12372 PROCESS? | EXECUTIVE |
| a. * Total Estimated Project Fundin | 70,694.00 | a. YES THIS PREAPPLICATION/APPLICATIC N WAS M | |
| b. • Total Federal & Non-Federal Fu | nds 70,694.00 | PROCESS FOR REVIEW ON: | |
| c. * Estimated Program Income | 0.00 | DATE: 12/18/88 | |
| | | b. NO PROGRAM IS NOT COVERED BY E.O. 12372: | OR |
| | | PROGRAM HAS NOT BEEN SELECTED BY ST | ATE FOR |
| true, complete and accurate resulting terms if I accept a | to the best of my knowledge. I | ntained in the list of certifications" and (2) that the a latements also provide the required assurances " and agree to comply lae, fictitious, or fraudulent statements or claims may subject 18, Section 1001) | with any |
| true, complete and accurate resulting terms if I accept a criminal, civil, or administration of I agree The list of certifications and assure 18. Authorized Representative | to the best of my knowledge. In award, I am aware that any fail live penalties. (U.S. Code, Title live penalties, its where you may | also provide the required assurances * and agree t : comply lae, fictitious, or fraudulent statements or claims m :y subject 18, Section 1001) Obtain this list, is contained in the announcement or agency spec 'ic instruction's section in the section this list, is contained in the announcement or agency spec 'ic instruction's section in this list, is contained in the announcement or agency spec 'ic instruction's section in this list, is contained in the announcement or agency spec 'ic instruction's section in the section in t | with any t me to |
| true, complete and accurate resulting terms if i accept a criminal, civil, or administra I agree The list of certifications and assure 19. Authorized Representative Prefix: First Name: | to the best of my knowledge. In award, I am aware that any fall live penalties. (U.S. Code, Title live penalties, incee, or an internet site where you may Middle Name | also provide the required assurances * and agree t : comply lae, fictitious, or fraudulent statements or claims m :y subject 18, Section 1001) Obtain this list, is contained in the announcement or agency **pec Ic instruction Lest Name: | with any t me to |
| true, complete and accurate resulting terms if I accept a criminal, civil, or administra | to the best of my knowledge. In award, I am aware that any fallive penalties. (U.S. Code, Title inces, or an internet site where you may Middle Name | also provide the required assurances * and agree t : comply lae, fictitious, or fraudulent statements or claims m :y subject 18, Section 1001) **Obtain this list, is contained in the announcement or agency spec "ic instruction." **Lest Name: Sahagun | with any t me to |
| true, complete and accurate resulting terms if I accept a criminal, civil, or administra I agree The list of certifications and assure 19. Authorized Representative Prefix: First Name: Mrs. Alma Position/Title: Director of Contra | to the best of my knowledge. In award, I am aware that any fall sive penalties. (U.S. Code, Title sive penalties.) Middle Name P. Cts & Grants Administral * Organi | also provide the required assurances * and agree t : comply lae, fictitious, or fraudulent statements or claims m iy subject 18, Section 1001) obtain this list, is contained in the announcement or agency spec "ic instruction." East Name: Sahagun ization: Cal State L.A. University Auxiliary Services, in its complete services. | with any t me to |
| true, complete and accurate resulting terms if I accept a criminal, civil, or administra I agree The list of certifications and essure 18. Authorized Representative Prefix: First Name: Mrs. Alma Position/Title: Director of Contractions Department: | to the best of my knowledge. I award. I am aware that any fall live penalties. (U.S. Code, Title live penalties.) Middle Name P. Cts & Grants Administral Organi | also provide the required assurances * and agree t : comply lae, fictitious, or fraudulent statements or claims m :y subject 18, Section 1001) obtain this list, is contained in the announcement or agency spec "ic instruction." E: Last Name: Sahagun ization: Cal State L.A. University Auxiliary Services, in : | with any t me to |
| true, complete and accurate resulting terms if I accept a criminal, civil, or administra I agree The list of certifications and essure 18. Authorized Representative Prefix: First Name: Mrs. Alma Position/Title: Director of Contractions Department: | to the best of my knowledge. I award. I am aware that any fall live penalties. (U.S. Code, Title nees, or an Internet site where you may Middle Name P. cts & Grants Administrat Organi | also provide the required assurances * and agree t : comply lae, fictitious, or fraudulent statements or claims m :y subject 18, Section 1001) obtain this list, is contained in the announcement or agency spec "ic instruction." E: Last Name: Sahagun ization: Cal State L.A. University Auxiliary Services, in : | with any t me to |
| true, complete and accurate resulting terms if I accept a criminal, civil, or administra "I agree "The list of certifications and essure 18. Authorized Representative Prefix: "First Name: Mrs. Alma "Position/Title: Director of Contractions Department: "Street1: 5151 State Unive | to the best of my knowledge. I award. I am aware that any fall live penalties. (U.S. Code, Title live penalties. (U.S. Code, Title live penalties.) Middle Name P. Cts & Grants Administral Organi Division: Strity Drive, GE 314 Street2: | also provide the required assurances * and agree t : comply lae, fictitious, or fraudulent statements or claims m :y subject 18, Section 1001) obtain this list, is contained in the announcement or agency **pec "ic instruction." East Name: Sahagun ization: Cal State L.A. University Auxillary Services, in : | with any t me to |

Add Attachment | Delet: Attachment | View Attachment

OMB Number: 4040-0001 Expiration Date: 04/30/2008

Viciw Attachmion;

Completed on submission to Grants.gov

Add Attachment | Delete A tachment

| | | | | | | | OMB Approval No. 0348-0043 |
|--|------------------------|---|--------------------------|--|--|--|---|
| APPLICATION I FEDERAL ASSIS | | CE. | | 2. DATE SUBMITTED 12/19/08 | - | Appl | licant Identifier |
| 1. TYPE OF SUBMISSIO Application Construction Non-Construction | N: | Preapplication ☐ Construction ☐ Non-Construction | | 3. DATE RECEIVED F | BY STATE | State | e Application Identifier |
| 5 ABBUTCANT DIFORM | AMYON | | | 4. DATE RECEIVED E | BY FEDERAL | AGENCY Fede | eral Identifier |
| 5. APPLICANT INFORM Legal Name | AHON | | | Organizational Unit: | | | |
| | | litan Transportation A | uthority | Regional Prog | - | | |
| Address (give city, state, and | d zip code) | H. | | Name and telephone nu area code) | mber of the pe | rson to be contacte | d on matters involving this application (give |
| One Gateway Los Angeles, | | rnia 90012-2952 RE | CEIVED | Kathy Banh (213) 922-763 | 35 | | |
| 6. EMPLOYER IDENTIF 95 - 44 0 1 9 | | NUMBER (EIN): | C 2 9 2008 | 7. TYPE OF APPLICA | ANT: (enter ap | propriate letter in b | ox) N |
| 8. TYPE OF APPLICATION OF SERVICE OF APPLICATION OF SERVICE OF SER | ON: inuation i | | | B County I C Municipal J D Township K | I Private Univ K Indian Tribe L Individual M Profit Org | led Institution of E ersity e anization | ligher Learning |
| A Increase Award B D Decrease Duration | Decrease Other (spe | | ation | State Chartere | d Transit | District | 21 |
| | | | | 9. NAME OF FEDERA Federal Tran | AL AGENCY: | | |
| 10. CATALOG OF FEDE ASSISTANCE NUMBE TITLE 49 U.S.C | R | | 0 | 11. DESCRIPTIVE TO Fiscal Year 2009 | | | |
| 12. AREAS AFFECTED E | s Ange | | , etc.) | | | H | |
| 13. PROPOSED PROJEC | Т | 14. CONGRESSIONAL | | | | | |
| Start Date | | Ending Date a | . Applicant | | | b. Project | |
| 07/01/2006 | | 6/30/2009 | Districts 24 thi | rough 39, and 41 | | Same as A | pplicant |
| | | | | | | | |
| 15. ESTIMATED FUNDIN a Federal | \$ \$ | 23,981,121.00 | a YES THIS P ORDER 12 | 2372 PROCESS FOR RE | LICATION W | | RDER 12272 PROCESS? LABLE TO THE STATE EXECUTIVE |
| | | | DATE | 2/19/08 | | | |
| | | | b NO PR | OGRAM IS NOT COVE | CRED BY E O | 12372 | |
| h. A | | | | PROGRAM HAS NOT E | BEEN SELEC | FED BY STATE F | OR REVIEW |
| b Applicant c State | \$ \$ | .00 | | | | | |
| d Local | \$ | 5,995,280.00 | <u> </u> | | | | |
| f Program Income | \$ \$ | .00. | 17 IS THE ADDITION | CANT DELINQUENT OF | N ANV PEDE | OAL DERTS | |
| i Frogram meome | 3 | .00 | | es" attach an explanation | | | |
| g TOTAL | s | 29,976,401.00 | | | | | |
| 18. TO THE BEST OF MY KN GOVERNING BODY OF THE | | | | | | | ENT HAS BEEN DULY AUTHORIZED BY THE EED |
| a Typed Name of Authoriz | ed Repres | entative | | | b Title | | c Telephone number |
| Gladys Lowe | | | | | Director, Re Managemen | gional Program t | (213) 922-2459 |
| d. Signature of Authorized Link Char Previous Editions Not Usab | tw | tative | | | e. Date Sign | 19/08 | |

California Central Coast Veterans Cen. .ery OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 12-31-08 3. DATE RECEIVED BY STATE State Application Identifier 1, TYPE OF SUBMISSION: **Application** Preapplication Construction X Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Administrative Services Division California Department of Veterans Affairs Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): 1227 "O" Street, Suite 402 this application (give area code) Richard Wyall 916 653-2201 Sacramento, CA 95814 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 4 6 0 3 8 1 5 7 Α A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I, State Controlled Institution of Higher Learning C. Municipal J. Private University Revision X New Continuation K. Indian Tribe D. Township E. Interstate L. Individual If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal G. Special District N. Other (Specify) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other/specify): 9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: California Central Coast Veterans Cometery Grants to States for Construction Projects 6 4 - 2 0 3 TITLE: State Cemetery Grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California, Monterey County, City of Seaside, 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date b. Project Ending Date a. Applicant Doris Matsui, 5th CA Congressional District Sam Farr, 17th CA Congressional District 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** a. Federal 15,944,467 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State \$ 0.00 12-31-08 DATE ____ d. Local \$ b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$ FOR REVIEW f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL 15,944,487 Yes If "Yes," attach an explanation. X No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| a. | Type Nar | ne of | Authorize | d Rep | resen | lanve | ÷. |
|----|----------|-------|-------------|---------|-------|-------|----|
| | | | Tege | untillo | | / | 1 |
| ~ | Cianaui | of A | Lance de La | Dane | V V | | _ |

turo

| C. | Telephone | Number | |
|----|-----------|--------|---------|
| | , | 916 | 503-830 |
| | | | |

e. Date Signed 12/31/08

| APPLICATION FOR | | | | Version 7/03 | | | | |
|--|--|---|---|--|----------------------------------|--|--|--|
| FEDERAL ASSISTANCE | 2 DATE SUBMITTED | | Applicant Identifier | | | | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY STATE | | State Application Identifier | | | | |
| Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identi | fier | | | |
| Non-Construction | Non-Construction | | | | | | | |
| S. APPLICANT INFORMATION Legal Name: Organizational Unit. | | | | | | | | |
| City of Gloverdala | | | Dapartment: | | | | | |
| | - TOWN AND ADDRESS OF THE PARTY | Engineering Division: | | | | | | |
| Organizational DUNS: DIA 004952887 | | FIVED | | | | | | |
| Addross: | | Trees I I'm Special Book | Name and telephone number of person to be contacted on matters freelying this application (give area code) | | | | | |
| Street 124 North Cloverdale Boulevard | DEC 3 1 2008 | | Prefor: First Name; Mr. Paul | | | | | |
| Cily: Cloverdale | | | Middle Name William | | | | | |
| County: STATE CLE | | ARING HOUSE | Wade | | | | | |
| State: California | | Suffice | | | | | | |
| Country: USA | | | Email: wade@coastlandcivil.com | | | | | |
| 6. EMPLOYER IDENTIFICATIO | n number (E/V): | | Phone Number (give men code) Fax Number (give area code) | | | | | |
| 84-8000310 | 1 | | (707) 894-1722 | | (707) 894-1973 | | | |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF APPLICA | WT: (See bec | k of form for Application Types) | | | |
| IV: Nev | v Continuation | n Revision | c | | | | | |
| FRevision, enter appropriate lett See back of form for description | er(s) in box(es) of letters.) | Other (apecify) | x (apedfy) | | | | | |
| Other (specify) | H | | 9. NAME OF FEDERA | B. NAME OF FEDERAL AGENCY; USDA RUS | | | | |
| 10. CATALOG OF FEDERAL | TLE OF APPLI | CANT'S PROJECT: | | | | | | |
| TITLE (Nume of Program): Weler and Waste Disposal Gram 12. AREAS AFFECTED BY PROCESS OF THE PROPERTY OF CHAPTER STATEMENT OF THE PROPERTY OF T | 1 0 - 7 6 0 ; Siales, etc.): | 1. Water Treatment Plant - New Wester Well Construction 2. Water Distribution System - SCADA Improvements 3. Reservoir Recoating - Southcreat, Hot Springs and Ritter Reservoirs 4. Water Treatment Plant - Installation of 4th Filter Bed Media and Necessary Madifications 5. Construction of a 16" Transmission/Distribution Water Main | | | | | | |
| 13. PROPOSED PROJECT | | | 14. CONGRESSIONA | L DISTRICTS | OF: | | | |
| Start Date: | Ending Date: | | a. Applicant 01 | | b. Project 01 | | | |
| 15. ESTIMATED FUNDING: | | | 18. IS APPLICATION | SUBJECT TO | REVIEW BY STATE EXECUTIVE | | | |
| a. Federal \$ | <u> </u> | | ORDER 12372 PROCESSY. THIS PREAPPLICATION/APPLICATION WAS MADE | | | | | |
| SEE ATTACHED b. Applicant \$ | - | | AVAILAB | a. Yes. II INITIALE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | | | | |
| c. State \$ | | | | 12/3 | 250 | | | |
| d. Local \$ | | | | | ERED BY E. O. 12972 | | | |
| e. Other 5 | • | | GR PROC | ERAM HAS NO | T BEEN SELECTED BY STATE | | | |
| f. Program Income S | | <u>, w – </u> | | | NT ON ANY FEDERAL DEST? | | | |
| g. TOTAL . S | | , and the same of | Yes If "Yes" ellach | ı an explanation | . 🗹 Na | | | |
| 18. TO THE REST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | | | | |
| a. Authorized Recresentative Petix | Firet Name Paul | | Middle | Name | | | | |
| Last Name | Paul | | Wille | <u>m</u> | | | | |
| Wade | | | | | | | | |
| b. Tile Cily Engineer | | (707) | c, Talephone Number (give xeq code) (707) 894-1722 | | | | | |
| d. Signature of Authorizant Representative a. Date Signed 12/3//08 | | | | | | | | |
| Flander Frakton I famble | • | | | | | | | |

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